

A PLAN FOR A COOPERATIVE MEDICAL LIBRARY CENTER IN NEW YORK*

ON MARCH 29, 1958, The New York Academy of Medicine was host to over a hundred librarians, physicians and administrators on the occasion of an all day meeting to discuss the desirability of establishing a storage library and active cooperative center. The urgent need for space dictates that such a venture is imperative. The morning session was devoted to a discussion of the Academy Library's function in connection with other medical libraries of the area and the possibilities for support of a deposit library and other means of cooperation. The following is a report of the afternoon session by the Chairman, Dr. Magnus I. Gregersen, Dalton Professor of Physiology, the College of Physicians and Surgeons, Columbia University. Dr. Gregersen is a member of the Committee on Library of The New York Academy of Medicine.

ESTABLISHING A DEPOSITORY LIBRARY AND INTERLIBRARY COOPERATION

The first speaker was Mr. Ralph T. Esterquest, now Librarian of the Harvard University Schools of Medicine and Public Health, formerly the Director of the Midwest Interlibrary Center in Chicago. He referred to several suggestions made during the morning by the Librarian of the State University of New York, Downstate Medical Center, Mr. Erich Meyerhoff, and supported his emphasis on the need of eliminating the costs of expanding collections and the need of cooperation in acquiring the increasingly vast journal literature. There was less enthusiasm for microfilming or micro-copy as a solution to the problem of storage because the cost of storage of the material in book form is about one tenth of the cost of micro-copy. The obvious solution is to store the less-used material as cheaply as possible where it may be reproduced or loaned on demand.

Mr. Esterquest outlined four alternative plans:

1. A do-nothing policy which would lead to chaos.
2. Decentralization and specialization of the libraries by agreement. This solution was suggested some fifty years ago but never implemented.
3. Establishing a new facility, namely, a depository library. One great advantage is that the new library would have neutrality and serve to coordinate the efforts of the other libraries.
4. Extending present facilities, such as The New York Academy of Medicine, which in fact already carries on some of the functions of a proposed depository library. One example of this is the attempt to reach agreement among medical libraries in New York to achieve a fuller coverage of the serial literature without overburdening each library. There could also be a coordination of efforts in cataloging, exchange of catalog cards, possibly a union catalog.

In discussing the administration and control of such a center, Mr. Esterquest

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stressed the importance of having both administrators and librarians as directors. The first step should be to employ a full-time paid director. The organization should not be left to a committee. The director should make a detailed plan. A lawyer must draft definite by-laws, so that the administrators of the various institutions involved would be able to make decisions. Finally, of course, is the necessity of raising funds.

Mr. Robert E. Kingery of the New York Public Library spoke on cooperation through acquisition and cataloging. He defined the areas of interest and activity of the New York Public Library which does not collect in the fields of law or medicine. He referred to micro-copy with little enthusiasm despite his report on the serious difficulties brought about by deterioration. The New York Public Library, faced with the staggering problems of today can no longer go along as previously. Some cooperative scheme or some new mechanisms of reproduction must be considered. Facsimile transmission is surely of future importance. Regional cooperation with a division of labor and a depository library might well be achieved through regular regional meetings to facilitate cooperation and share technical ideas.

1. Centralized ordering, especially from abroad. This had worked very well in the New York Public Library system with its branch libraries.

2. Agreements on fields of specialization. He then gave illustrations of an arrangement between Columbia University and the New York Public Library for both acquisition and cataloging.

3. A coordinated system of cataloging. Under this, he discussed a central file which receives a copy of all orders for foreign books from the regional libraries. These are cataloged and sent to the ordering library. He finds it very important in cataloging foreign books. This task is so large that it must be done on a cooperative basis, particularly because no one library has the personnel to handle the various foreign languages.

4. Storage by size. He described the scheme now operating at the New York Public Library to store books by size rather than by subject. This scheme is used in the general stacks not open to the average reader.

5. Regional Union Catalogs should cooperate with the National Union Catalog.

6. Mechanization and centralized processing. Here Mr. Kingery describes some rather interesting devices used at the New York Public Library because machines are now cheaper than librarians. They have a machine for sorting catalog cards, costing \$6,000, and a machine for ordering books photographically instead of by typing. This costs \$5,000 but supplants three typists. He raised the question of other mechanized aids which would help in the technical work of the library.

It is obvious that the New York Public Library is already operating in a sense as a depository library and experimenting with methods that will be of importance in any local cooperative center.

Mr. Frederic C. Wood, Consulting Engineer, who has been working with the Cornell Medical Center and the Memorial Center for Cancer and Allied Diseases, spoke on the problems which might be solved by experiments in cooperation. What could be done at the Cornell Medical Center where there is an acute shortage of space? How could a centralized library serve the needs of the institutions at the Cornell Medical Center? What kind of functions and services should it provide,

what kind of organization and what kind of administration? Mr. Wood's paper appears in full at the end of this report.

Mr. R. B. O'Connor, Architect, of O'Connor & Kilham, dealt with very practical matters which an architect must consider in designing a depository library—the question of cost because of location. For example, outside the City the cost would be \$1.50 per square foot, inside the City \$3.50 per square foot. No one can design a depository library unless a decision is made concerning the number of books going into it. These facts have not yet been determined here. Libraries must also consider what type of cooperation they are going to engage in because this will determine the size of staff and the cost of the operation. Roughly there are two things to consider:

1. The initial size which determines the initial capital outlay.
2. The operation cost which is determined by the nature and degree of cooperation and the nature of the services rendered.

It was apparent that the meeting had accomplished its purpose and crystallized the determination to pull together on the task ahead. The very fact that the difficulties and possible obstacles were so clearly defined by a number of the participants prepares the ground for overcoming the difficulties. Miss Gertrude L. Annan, Librarian of The New York Academy of Medicine Library, was authorized by the conference to set up an ad hoc committee, composed of librarians, to explore further the possibilities in this field.

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This volume is arranged by subject with a separate author index and lists approximately 2900 references to review articles in clinical and experimental medicine and allied fields which have appeared, largely in 1957, in all of the current journals received by the National Library of Medicine.